

WASHINGTON STATE DEPARTMENT OF HEALTH – STD PROGRAM
2006 SEXUALLY TRANSMITTED DISEASES TREATMENT GUIDELINES

These guidelines for the treatment of patients with STDs reflect the 2006 [CDC Sexually Transmitted Diseases Treatment Guidelines](#). They are intended as a brief source of clinical guidance; they are not a comprehensive list of all effective regimens, and should not be construed as standards. The focus is primarily on STDs encountered in office practice and treatment regimens for infants, children, HIV infected patients, or pregnant women are not included (see complete Guidelines). The complete guidelines are available from the STD Program at (360) 236-3460 or the website www.doh.wa.gov/cfh/STD. Confidential notification of sexual partners is an important component of STD treatment.

DISEASE	RECOMMENDED RX	DOSE/ROUTE	ALTERNATIVES
CHLAMYDIAL INFECTIONS¹	Azithromycin ² OR Doxycycline ³	1 g orally in a single dose 100 mg orally 2x/day for 7 days	Erythromycin base 500 mg orally 4x/day for 7 days OR Erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR Ofloxacin ³ 300 mg orally 2x/day for 7 days OR Levofloxacin ³ 500 mg orally once daily for 7 days Note ⁴
Adults or Adolescents with uncomplicated infection of the cervix, urethra or rectum.			
Pregnant women ⁷			
GONOCOCCAL INFECTIONS⁵	*Ceftriaxone OR Cefpodoxime ⁸ OR Cefixime	125 mg IM in a single dose 400 mg orally in a single dose 400 mg orally in a single dose	Ofloxacin 400 mg orally in a single dose** OR Levofloxacin 250 mg orally in a single dose** OR Spectinomycin ⁶ 2 g IM in a single dose OR *Ciprofloxacin 500 mg orally in single dose** **Since March 2, 2004, Health care providers in Washington State should no longer use fluoroquinolones as first line therapy due to increased prevalence of quinolone-resistant <i>Neisseria gonorrhoeae</i> (QRNG) in Washington state. If quinolones are used due to patient allergy or other contraindications, follow treatment with a test of cure.
Adults or Adolescents with uncomplicated infection of the cervix, urethra or rectum.			
[Drugs with * designation are recommended for treatment of pharyngeal infection with <i>Neisseria gonorrhoeae</i>]	PLUS, IF CHLAMYDIAL INFECTION IS NOT RULED OUT Azithromycin ² OR Doxycycline ³	1 g orally in a single dose 100 mg orally 2x/day for 7 days	
Pregnant women ⁷			
NONGONOCOCCAL URETHRITIS (NGU)	Azithromycin OR Doxycycline	1 g orally in a single dose 100 mg orally 2x/day for 7 days	Erythromycin base 500 mg orally 4x/day for 7 days OR Erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR Ofloxacin 300 mg orally 2x/day for 7 days OR Levofloxacin 500 mg orally once daily for 7 days
EPIDIDYMITIS¹⁰	Ceftriaxone PLUS Doxycycline	250 mg IM in a single dose 100 mg orally 2x/day for 10 days	Ofloxacin 300 mg orally 2x/day for 10 days OR Levofloxacin 500 mg orally once daily for 10 days (For acute epididymitis most likely caused by enteric organisms or for patients allergic to cephalosporins and/or tetracyclines)
PELVIC INFLAMMATORY DISEASE^{7,9,10}	Ofloxacin ^{3,9} WITH OR WITHOUT Metronidazole ¹¹ OR Levofloxacin ^{3,9} WITH OR WITHOUT Metronidazole ¹¹ OR Ceftriaxone PLUS Doxycycline ³ WITH OR WITHOUT Metronidazole ¹¹ OR Cefoxitin AND Probenecid PLUS Doxycycline ³ WITH OR WITHOUT Metronidazole ¹¹	400 mg orally 2x/day for 14 days 500 mg orally 2x/day for 14 days 500 mg orally once daily for 14 days 500 mg orally 2x/day for 14 days 250 mg IM in a single dose 100 mg orally 2x/day for 14 days 500 mg orally 2x/day for 14 days 2 g IM in a single dose 1 g orally in a single dose concurrently 100 mg orally 2x/day for 14 days 500 mg orally 2x/day for 14 days	
Outpatient management			
Pregnant women ⁷			
SYPHILIS⁷	Benzathine penicillin G	2.4 million units IM in a single dose	Doxycycline ^{3,12,13} 100 mg orally 2x/day for 14 days OR Tetracycline ^{3,12,13} 500 mg orally 4x/day for 14 days
Early-primary, secondary or latent < 1 year			
Latent > 1 year, latent of unknown duration, tertiary (cardiovascular, gummatous)	Benzathine penicillin G	2.4 million units IM for 3 doses at 1 week intervals (7.2 million units total)	Doxycycline ^{3,12,13} 100 mg orally 2x/day for 28 days OR Tetracycline ^{3,12,13} 500 mg orally 4x/day for 28 days
HUMAN PAPILLOMAVIRUS	Patient Applied Podofilox 0.5% ¹⁴ solution or gel OR Imiquimod 5% ¹⁴ cream OR Provider Applied Cryotherapy with Liquid nitrogen or cryoprobe OR Podophyllin resin 10%-25% ¹⁴ OR Trichloroacetic acid or Bichloroacetic acid 80%-90% OR Surgical removal	Apply to visible warts 2x/day for 3 days, rest 4 days, 4 cycles max. Apply once daily at bedtime, wash off with soap after 6-10 hours. Use 3x/week for up to 16 weeks. Repeat application every 1-2 weeks. Apply small amount, dry, wash off in 1-4 hours. Repeat weekly if necessary. Apply small amount, dry. Apply weekly if necessary.	Intralesional interferon OR Laser surgery
External genital and perianal warts			
Pregnant women ⁷			
TRICHOMONIASIS	Metronidazole ¹¹ OR Tinidazole ¹¹	2 g orally in a single dose 2 g orally in a single dose	Metronidazole ¹¹ 500 mg 2x/day for 7 days

DISEASE	RECOMMENDED RX	DOSE/ROUTE	ALTERNATIVES
BACTERIAL VAGINOSIS	Metronidazole ¹¹ OR	500 mg orally 2x/day for 7 days	Clindamycin 300 mg orally 2x/day for 7 days OR
Pregnant women ⁷	Metronidazole gel 0.75% Clindamycin cream 2% ¹⁵ OR	One full applicator (5 g) intravaginally once a day for 5 days One full applicator (5 g) intravaginally at bedtime for 7 days	Clindamycin ovules ¹⁵ 100 g intravaginally once at bedtime for 3 days
VULVOVAGINAL CANDIDIASIS	Butoconazole ¹⁵ OR	2% cream 5 g intravaginally for 3 days	
Uncomplicated – see complete guidelines for recurrent, severe or nonalbicans	Butoconazole ¹⁵ OR	2% cream 5 g (Butoconazole 1-sustained release), single intravaginal application	
Pregnant women ⁷	Clotrimazole ¹⁵ OR	1% cream 5 g intravaginally for 7-14 days	
	Clotrimazole ¹⁵ OR	100 mg vaginal tablet for 7 days	
	Clotrimazole ¹⁵ OR	100 mg vaginal tablet, 2 tablets for 3 days	
	Miconazole ¹⁵ OR	2% cream 5 g intravaginally for 7 days	
	Miconazole ¹⁵ OR	100 mg vaginal suppository, one suppository for 7 days	
	Miconazole ¹⁵ OR	200 mg vaginal suppository, one suppository for 3 days	
	Miconazole ¹⁵ OR	1200 mg vaginal suppository, one suppository a day	
	Nystatin ¹⁵ OR	100,000 U vaginal tablet, 1 tablet for 14 days	
	Tioconazole ¹⁵ OR	6.5% ointment 5 g intravaginally in a single application	
	Terconazole ¹⁵ OR	0.4% cream 5 g intravaginally for 7 days	
	Terconazole ¹⁵ OR	0.8% cream 5 g intravaginally for 3 days	
	Terconazole ¹⁵ OR	80 mg vaginal suppository, one suppository for 3 days	
	Fluconazole ³	150 mg oral tablet, one tablet in a single dose	
GENITAL HERPES SIMPLEX	Acyclovir ¹⁶ OR	400 mg orally 3x/day for 7-10 days ¹⁶	
First clinical episode of genital herpes	Acyclovir ¹⁶ OR	200 mg orally 5x/day for 7-10 days ¹⁶	
	Famciclovir ¹⁶ OR	250 mg orally 3x/day for 7-10 days ¹⁶	
	Valacyclovir ¹⁶	1 g orally 2x/day for 7-10 days ¹⁵	
Episodic recurrent infection	Acyclovir ¹⁶ OR	400 mg orally 3x/day for 5 days	
	Acyclovir ¹⁶ OR	800 mg orally 3x/day for 2 days	
	Acyclovir ¹⁶ OR	800 mg orally 2x/day for 5 days	
	Famciclovir ¹⁶ OR	125 mg orally 2x/day for 5 days	
	Famciclovir ¹⁶ OR	1000mg orally 2x/day for 1 day	
	Valacyclovir ¹⁶ OR	500 mg orally 2x/day for 3 days	
	Valacyclovir ¹⁶	1 g orally once a day for 5 days	
Suppressive therapy ¹⁷	Acyclovir ¹⁶ OR	400 mg orally 2x/day	
	Famciclovir ¹⁶ OR	250 mg orally 2x/day	
	Valacyclovir ¹⁶ OR	500 mg orally once a day	
	Valacyclovir ¹⁶	1 g orally once a day	
PEDICULOSIS PUBIS	Permethrin 1% creme rinse OR	Apply to affected area, wash off after 10 minutes	Malathion .5% lotion applied for 8-12 hours and washed off OR
	Pyrethrins with Piperonyl Butoxide	Apply to affected area, wash off after 10 minutes	Ivermectin 250 ug/kg repeated in 2 weeks
SCABIES	Permethrin 5% cream OR	Apply to all areas of body from neck down, wash off after 8-14 hours	Lindane 1% ¹⁸ 1 oz. of lotion or 30 g of cream, applied thinly to all areas of the body from the neck down, wash off after 8 hours
	Ivermectin	200ug/kg orally, repeated in 2 weeks	

- Providers should advise all women with chlamydial infection to be rescreened 3 months after treatment, to rule out subsequent reinfection.
- Clinical experience and studies suggest that azithromycin is safe and effective for use in pregnant women.
- Contraindicated during pregnancy.**
- Quinolones other than ofloxacin and levofloxacin are not reliably effective against chlamydial infection or have not been adequately evaluated.
- Patients with gonococcal infection should be tested or presumptively treated for chlamydial infection.
- For patients who cannot tolerate cephalosporins or quinolones.
- Please refer to the complete 2006 CDC Guidelines for recommended regimens.
- Washington State STD guidelines recommend cefpodoxime as first line of therapy due to quinolone-resistant *Neisseria gonorrhoeae* (QRNG) and limited supply of cefixime.
- Quinolones should not be used for gonococcal infections in MSM or in those with a history of recent foreign travel or partners' travel, infections acquired in California or Hawaii, or in other areas including Washington State with increased QRNG prevalence.
- Patients who do not respond to oral therapy (within 72 hours for PID or epididymitis) should be re-evaluated.
- Patients should be advised to avoid consuming alcohol during treatment.
- No alternatives to penicillin have been proven effective for treatment of syphilis during pregnancy. Close serological and clinical follow-up should be undertaken with these therapies.
- Patients with penicillin allergy whose compliance with therapy and/or clinical and serological follow-up cannot be ensured should be desensitized and treated with benzathine penicillin.
- Safety during pregnancy not established.
- These creams and suppositories are oil-based and may weaken latex condoms and diaphragms. Refer to product labeling for further information.
- Treatment may be extended if healing is incomplete after 10 days of therapy.
- During suppressive treatment (e.g., once a year) discontinuation of therapy should be discussed with patient to reassess the need for continued therapy.
- Should not be used immediately after a bath or shower, and should not be used by persons who have extensive dermatitis, pregnant or lactating women, or children aged <2 years.